

**NON-IV-D DEMOGRAPHIC WORKSHEET INSTRUCTIONS**

1. DATE: \_\_\_\_\_
2. **Please check one\***  
 Original Order   
 Modified Order   
 Updated Information
3. **Please check one\***  
 State Case Registry Only   
 State Distribution Unit

**COMPLETE AND FAX ONE COPY TO: LOCAL NASHVILLE AREA  
(615) 313-6634 OR (888) 701-3073**

**NON-IV-D DEMOGRAPHIC INFORMATION AND UPDATE WORKSHEET**  
(PLEASE PRINT LEGIBLY)

4. **DOCKET ID\*** \_\_\_\_\_
5. **COURT CODE\*** \_\_\_\_\_
6. **ORIGINAL ORDER DATE\*** \_\_\_\_\_
7. **FAMILY VIOLENCE CODE\*** YES  OR NO

8. **OBLIGEE'S INFORMATION (party to receive payments)**

LAST NAME\* \_\_\_\_\_ FIRST NAME\* \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 SEX\* \_\_\_\_\_ SSN\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
 MAILING ADDRESS\* \_\_\_\_\_  
 CITY NAME\* \_\_\_\_\_ STATE\* \_\_\_\_\_ ZIP\* \_\_\_\_\_ COUNTRY \_\_\_\_\_

9. **OBLIGOR'S INFORMATION (party to make payments):**

LAST NAME\* \_\_\_\_\_ FIRST NAME\* \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 SEX\* \_\_\_\_\_ SSN\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_  
 MAILING ADDRESS\* \_\_\_\_\_  
 CITY NAME\* \_\_\_\_\_ STATE\* \_\_\_\_\_ ZIP\* \_\_\_\_\_ COUNTRY \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_  
 EMPLOYER ADDRESS \_\_\_\_\_  
 CITY NAME \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

10. **DEPENDANT INFORMATION**

CHILD #1: LAST NAME\* \_\_\_\_\_ FIRST NAME\* \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 SEX\* \_\_\_\_\_ SSN\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_  
 CHILD #2: LAST NAME\* \_\_\_\_\_ FIRST NAME\* \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 SEX\* \_\_\_\_\_ SSN\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH\* \_\_\_\_\_

11. **\*CLERK'S FAX NUMBER (required when TCSES # is needed):** \_\_\_\_\_
12. **TCSES CASE NUMBER:** \_\_\_\_\_

**\*FIELDS REQUIRED**

## NON-IV-D DEMOGRAPHIC WORKSHEET INSTRUCTIONS

**NOTES:** Additional dependents can be entered on a separate page and faxed. Docket number and court code must be re-entered for additional dependents. Parties' information need not be re-entered.

1. Enter the current date.
2. Select the appropriate order type:
  - a. Original Order – No prior order addressing child support
  - b. Modified Order – Order modifies the child support language from a prior order
  - c. Updated Information – Any updates provided for the required data elements or pertaining to the Non IV-D classification
3. Select the applicable Non IV-D classification(s):
  - a. State Case Registry Only – Payments are not ordered to be paid through the State Disbursement Unit.
  - b. State Distribution Unit – Payments are ordered to be paid through the State Disbursement Unit.
4. Docket ID – The docket number assigned by the court.
5. Court Code – The seven digit FIPS code identifying the court.  
Example: 4714945 identifies Tennessee (47) Rutherford County (149) Circuit Court (45)
6. Original Order Date – The date which the court entered the original order.
7. Section 453(b)(2) of the Social Security Act and T.C.A. 36-5-2312 prohibit disclosure of identifying information which a party alleges under oath may jeopardize the health, safety, or liberty of a party or child. If Family Violence exists, the appropriate indicator must be checked to prevent the release of information.
8. Obligee's Information – Complete the data elements for the person ordered to receive support.
9. Obligor's Information – Complete the data elements for the person ordered to pay support.
10. Dependent Information – Complete the data elements for each child listed in the court order for which payments are being made. Additional dependents along with the document number and court code can be entered on a separate page.
11. Clerk's Fax Number – If a TCSES number has not previously been assigned or unknown, provide your fax number to receive the TCSES number.
12. If a TCSES number has previously been assigned and known, enter the number here. Otherwise, complete line 11 and the form will be returned to provide you with the TCSES number.